

**Office of Administration**  
**Commissioner's Office**  
 Contract Period July 1, 2015 – June 30, 2016  
**"Request for Preauthorization for Other Services"**

Program: **Alternatives to Abortion**

Contractor: Alliance for Life – Missouri, Inc.

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 7-19-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
5-1-17	Car Insurance (one month current and one month past due)	Past Due: \$43.26  Current premium due for May 2017: \$131.45	[REDACTED] has been an A2A client for over 9 months. She has been off work for maternity leave and for several months prior because of bedrest. She is following through on classes, appointments and all requirements of the A2A program. She will be returning to her job today but has gotten behind on paying her car insurance because she has been without an income. She needs a legal vehicle to get to work and appointments. There are no other sources to pay for this expense.
Amt to be reimbursed		\$174.71	

Authorized person requesting purchase: Janet Doss Date: 5-1-17  
 Alliance for Life Program Manager: [Signature]  
 Approved for purchase: Emily Kraft Date: 5/2/17

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

Statement Date: 04/25/2017

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# Past Due Statement

amfam.com | 1-800-MY AMFAM (882-6326)

**!** This is your statement for the past due and current bill amounts.

**PAST DUE****\$43.26**

Pay By: 05/02/2017

Or be subject to  
policy cancellation.**CURRENT DUE****\$131.45**

Pay By: 05/21/2017

You will not receive  
another statement for  
this amount.
**PAST AND  
CURRENT DUE  
\$174.71**
**TO MAKE A PAYMENT**

Call  
1-866-424-8002  
24 hours a day, 7 days a week



Online  
amfam.com



Mobile App  
Download Today  
myamfam.com

**FOR POLICY QUESTIONS OR SERVICE**

Agency  
Agent: Jay Jones  
Phone: (417) 581-7400  
Email: jay114@amfam.com



Call  
1-800-MY AMFAM, (1-800-662-6326)  
24 hours a day, 7 days a week

To help avoid future past due statements, ask your agent about automatic payment options.

\*Please see the following page(s) for account balance and additional account information.

Detach on the perforation and return the stub with your payment.

Indicate name, address, phone number changes or comments on back.



799 W 500TH ST  
OZARK MO 65721-0201

Send to: AMERICAN FAMILY INSURANCE GROUP  
MADISON WI 53777-0901



Please do not paper clip or staple your payment to this stub.

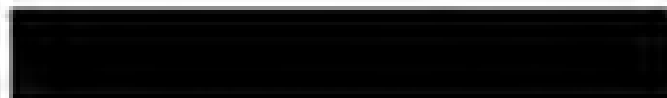
**PAST DUE STATEMENT**

Account Number: [REDACTED]

<b>DUE DATE</b>	05/02/2017
<b>Past and Current Due</b>	\$174.71
<b>Pay To Be Current</b>	
<b>Account Balance*</b>	\$531.00

Make payment to:  
American Family Insurance  
Amount Enclosed

\$.



Copy of Original

Copy of Original

Statement Date: 04/25/2017

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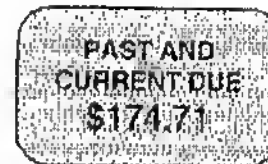
If sufficient payment is not received, coverage in the previously billed policy(ies) listed below in the Itemized Bill Detail section will be subject to cancellation.

Itemized Bill Detail for Account Number: [REDACTED]			
Billed Item Description	Policy Term Policy Status	Previously Billed	Current Amount
[REDACTED]	09/21/2017 to 09/21/2017 Active	\$41.28	\$119.45
Account Fee(s) Previously billed fee(s) that has not been paid		\$2.00	\$0.00
Premium Installment Charge Charged for paying less than the account balance		\$0.00	\$2.00
Handling Fee Charged when a payment is not received by the due date		\$0.00	\$10.00
<b>Totals</b>		<b>\$43.28</b>	<b>\$131.45</b>

If you wish to change or cancel your policy(ies), please contact your agent to avoid further charges.

Actively processed bill for 04/25/2017 will be reflected on your next statement.

The Account Balance shown in the Account Activity section reflects the amount due for the remainder of the policy term.



To pay now, visit [amfam.com](http://amfam.com)  
or call 1-800-424-4002

-- Copy of Original --

-- Copy of Original --

Please see the following page(s) for additional account information.

Account Number [REDACTED]

Agent Code: 003 180

Statement Date: 04/25/2017

When you provide a check for payment to American Family Insurance, you authorize us to either use information from your check to make a one-time electronic deduction (ACH debit entry) from your bank account or process the payment as a check transaction.

Please print any name, address, phone number changes or comments in the box below.

Statement Date: 04/25/2017

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AMERICAN FAMILY  
INSURANCE

Account Activity	
Account Balance as of 03/27/2017	
• Premium Installment Charge on 04/25/2017	\$206.30
• Handling Fee Charge on 04/25/2017	\$2.00
	\$10.00
	\$212.70
Account Balance as of 04/25/2017	\$531.00

**Fee Information**

**Premium Installment Charge:** A \$2.00 installment charge is assessed when you pay less than the full account balance. To eliminate this charge, contact your agent to sign up for automatic payments, visit [www.unfam.com](http://www.unfam.com) to enroll in Online Billing or pay the full account balance.

**Handling Fee:** A \$10.00 late fee is charged when your minimum due is not received by the due date.

**Returned Bank Item Fee:** A \$25.00 fee is charged when your bank does not honor your check or electronic payment.

**Mailing Addresses**

Send Payment To: American Family Insurance, Madison WI 53777-0001

Corporate Office: American Family Insurance, 8000 American Parkway, Madison WI 53783-0001

Bill Payer Service: American Family Insurance, 302 N Walbridge Ave, Madison WI 53777-0001

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